

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, AUGUST 15, 1885.

Original.

PUERPERAL ECLAMPSIA.*

BY WILLIAM BAILEY, A. M., M. D.

On the 30th day of May, 1885, at 10 A. M., I was called to see Mrs. F., aged twenty-seven years, primipara, with almost general anasarca, severe pain in the head, defective memory, and highly albuminous and scanty urine. Apprehending convulsions when gestation should be completed, I prescribed bromide and acetate of potash with digitalis in order, if possible, to increase elimination before labor should set in. Milk diet and laxatives were also advised.

At 8 P. M. of the same day, I was hastily summoned to her bedside, to find her in the second convulsion. An examination revealed that the membranes had ruptured, and that the os uteri was undilated, not admitting the point of index finger, but occasional pains were observed to be present.

I summoned to my aid at once Professor Turner Anderson, in the meantime keeping the patient under the influence of chloroform. Upon consultation we gave large doses of chloral hydrate by injection into the rectum, and continued the chloroform. Four convulsions occurred between 8 and 9 P. M.

From this time for several hours we had no return of them, and notwithstanding the urgent necessity of emptying the uterus in such cases, we were content to ward off the convulsions and await the dilatation of the os, which was being slowly but satisfactorily accomplished. By 2 A. M. of the 31st the dilatation was completed, and the labor continued. At 4 o'clock the head had come down, and when pressure was made upon the perineum another convulsion occurred. Forceps were now applied, and a small liv-

ing child was quickly delivered. Waiting twenty minutes, with the hand upon the abdomen, another convulsion occurred, when the placenta was removed from the upper portion of the vagina and the neck of the uterus.

Good contraction was at once secured with little or no hemorrhage. Convulsions lighter in form were occasionally present until about noon, lasting over a period of about sixteen hours, the number in all being about twelve or fifteen. No clear intellection was observed during this whole time, and for many hours afterward. Dr. Anderson saw the case with me again late in the afternoon of Sunday the 31st, and to-day she has no recollection of ever having seen him. Intelligence was not even partially restored until Tuesday the 2d day of June. In the afternoon of this day, consciousness began to return, and it was interesting to see the effort of the mind when grappling with the statement I had just made to her, that she had a baby. It was of doubt and interest combined.

Upon being questioned upon the morning of the 3d as to what I had promised her the evening before, with a radiant countenance, she replied that "I might see *my baby*."

All now seemed to be going well, but about the close of fifth day marked tenderness developed over the lower abdomen, but especially about the region of the ovaries and broad ligaments.

The whole abdomen became tender to the touch and tympanites rapidly appeared, temperature in the axilla running up to 103.5° F., pulse from 130 to 140 per minute. This was regarded by me as a peritonitis due to the uremia and not as a specific puerperal fever, for the reason that the lochia was still present and not offensive. The patient was treated by me for this trouble principally by opium, whisky, and milk.

*Read before the Louisville Medico-Chirurgical Society, July 11, 1885.

Suffice it to say that, after much anxiety and care I was rewarded by a slow but, under all the circumstances present, a satisfactory convalescence.

I have heard it said by surgeons that when an anomalous fracture or injury was observed by them, that almost invariably they would have in a short time a similar case.

I was called to see Mrs. C. on the 21st day of June, pregnant with her second child, showing the following symptoms: Great edema of the extremities, severe supra-orbital pain, loss of memory, marked pallor, and scanty elimination by the kidneys, urine highly albuminous.

This patient was placed upon the potash salts with digitalis. Tr. sesqui-chloride of iron was given both for its specific influence upon the kidneys and to supply iron to the blood. She was advised a milk diet, Bethesda water for her drink, with occasionally purgation by bi-tartrate of potash. By increased elimination and improved blood, I was enabled to hoist the stars and stripes over a baby delivered without an accident, which I so greatly feared. She was the subject of great edema even at the time of delivery. It extended up the extremities to the hips and abdomen, the vulva being enormously swollen.

General anasarca, difficult respiration, and a scarcely perceptible pulse, with marked anemia, characterized the case. I gave chloroform slightly during the labor, although the pulse was so feeble, my experience in the previous case no doubt increasing my apprehension of convulsion. The labor was happily terminated in less than four hours. By the way, I delivered this woman the first time, on the 1st day of January, 1884, and this time on the 4th of July, 1885, and who knows but that she may adhere to this practice, and that I may have an engagement for the 22d day of February, 1887. It will be interesting to see how observant some people can be of national holidays.

Many points of interest have attracted me in my study of these cases.

While I have no doubt that there are many predisposing and exciting causes of so-called puerperal convulsions, yet I am fully satisfied that the difficulty in both cases was due to some interference with the renal circulation and hence renal function, and that non-elimination of effete matter was the thing to be apprehended.

I will not stop to argue whether this was

urea, or its product, carbonate of ammonia, or whether the effect was due to edema of the brain, as some maintain. At any rate to my mind it is the condition of blood that pertains to acute Bright's disease of the kidneys, and should be treated accordingly.

As a rule so soon as the delivery relieves the pressure upon the renal vessels all convulsive action ceases; but this is not invariable. So much of effete matter may be retained in the blood that the convulsions continue till the elimination is accomplished.

Convulsions occur most frequently at the time of labor, which seems to be occasionally greatly hastened by them. It is unfortunate to have them occur before preparation has been made for forceps delivery, for necessity may exist for quickly emptying the uterus.

Complications are more likely to develop during this lying-in when convulsions exist. Convulsions are not of very frequent occurrence, but are among the gravest of accidents, being placed in the list next to rupture of the uterus. They are observed by authorities about once in every three hundred and fifty cases. Mortality varies considerably, both as to the mother and child, and in my judgment depends largely upon the management.

I strongly advise the use of chloroform during the attack, but especially the free use of hydrate of chloral by injection. My patient had dram doses several times repeated during the first twenty-four hours. Urgent necessity exists for prophylaxis if you see the case before the time for the labor. This is shown by the results in the two cases. In the one, prophylaxis being entirely successful and failing in the other for the want of time.

I saw the one, two weeks before labor, and the other only a few hours before. In the way of additional prophylaxis when the symptoms are urgent, as in threatened uremic convulsions from other sources, I would advise the use of the hot vapor bath and the influence of pilocarpin by hypodermic injection.

If time allows, many cases will be saved by a strictly milk diet.

How often have I seen the dropsy of Bright's disease rapidly disappear under two or three quarts of milk per day? No other medication being used.

It may be that additional virtue adheres to city milk on account of the largely increased element of water that it possesses.

I think very favorably in urgent cases of elimination accomplished through the alimentary canal by means of purgative doses of jalap and bi-tartrate of potash.

If my anxiety and study of these two cases shall prove to be of service to any member of the Medico-Chirurgical Society by leading him out of the labyrinth of despair surrounding such cases, I shall feel myself fully compensated for the labor of this report.

I beg leave again to acknowledge my indebtedness to Prof. Anderson for his efficient services in the case.

LOUISVILLE, KY.

ON THE PREVENTION OF SUNSTROKE.*

BY FREDERICK EKLUND, M. D.

There are a few points of high importance to the student of general hygiene in connection with the above-mentioned malady which I wish to notice in this paper.

Deaths from sunstroke were extraordinarily frequent on the North American continent during the summer of 1881. Thus, for example, in the city of Cincinnati, in Ohio (from whence I received the weekly statistical tables of mortality through the kindness of the Board of Health and Dr. Abijah J. Miles), during the week which ended with the 16th of July, 1881, there were reported four hundred and fourteen deaths, of which two hundred and sixty-four were registered as due to sunstroke ("*insolation*"), and one hundred and fifty as caused by excessive heat.

Here I may be permitted to remark that these tables are in some degree defective, since they fail to distinguish (according to Jambasch) as dependent upon one cause three kinds of sunstroke, viz., first, "*héliose*," or "*insolation*" (sunstroke), "*sonnenstich*," caused by the direct exposure of the body in repose or motion to the burning solar rays, and endemic in the sub-tropical countries; second, *coup de chaleur* (heatstroke); "*hitzschlag*," due to the action of heated air on the organism in motion (the subject being engaged in muscular or mental work), and often epidemic in the temperate zones; third, *coup de calorique* (warmthstroke, "*warmeschlag*") caused by elevated temperatures, the organism being in repose, and endemic by preference in the tropics,

where the cases observed are generally isolated.

This perfect nomenclature, as judiciously suggested by Jambasch, is of practical advantage, since by its aid it is easy to apply suitable hygienic measures for the prevention of each variety of the affection. In the epidemic of sunstroke here treated, two circumstances especially merit attention, namely, the relative frequency of sunstroke in persons of different ages (*dans les classes d'âge diverses*), and the temperature of the surrounding air. The mortality was greater between the ages of ten and twenty years (*dans la classe d'âge 10 à 20*), there being in this class one hundred and thirty-eight deaths from sunstroke (*insolation*) and twenty-three from heatstroke ("*coup de chaleur*," "*calorique*"). In the second place, in the class younger than a year, there were sixteen deaths from sunstroke and seventy-eight from heatstroke. Then, between the ages of twenty and forty ("*dans la classe, etc.*"), there were respectively fifty-one and eight deaths; immediately after, in the class represented by persons whose ages ranged from forty to sixty years, there were respectively forty-one and five deaths; we find the ages ranging between five and ten years with respectively eleven and fifteen deaths, and finally, the ages one and five years, with respectively four and twenty deaths. Among the inhabitants who were from sixty to eighty years old, we find but three deaths from the former and one death from the latter, which proves that this class bear best of all the great heats.

The malady in question first proved in the highest degree fatal to the native Cincinnatians, of whom not less than one hundred and ninety-two died. Secondly, the relative frequency of deaths was preponderant among the German natives, of whom one hundred and forty-six expired. The Irish natives appeared in the third place with fifty-nine deaths. The colored race could rejoice in an almost absolute immunity, as but one, a negress, died from the effects of sunstroke.

The mean temperature of the air did not range during the week in question above 31.11° Centigrade. The highest temperature, 38.61° C. was observed on Sunday, the 10th of July, and continued at almost the same elevation during the two following days. In the six years 1875 to 1880 inclusive the mean temperature of Cincinnati was 13.4° C.; that of Stockholm, 4.98°. The maximum temperature of Cincinnati during

* Translated from the author's MS. in French by W. M. Holladay, M. D., Resident Physician Louisville City Hospital.

the hottest month (July 1875-1880) was 35.34° C.; that of Stockholm during the same period of six years was 29.56° C. (In June this recurred three times, and July also three times.)

The most remarkable point in the preceding account is, in my opinion, that the mortality by sunstroke proper ("*proprement d'été*") was the most frequent (one hundred and thirty-eight cases) among young persons, aged from ten to twenty years, while at the same time (9th to 16th of July) the greatest number (seventy-eight cases) of deaths from excessive heat ("*coup de chaleur*") was observed among children less than a year old, and this when the temperature was not raised a single time to 39° C. By this comparison it is shown that it is principally minors and children of a low age who are menaced, and that, too, by a temperature of air but relatively little elevated.

It is evident, from such a showing, that the sanitary authorities are in duty bound to administer timely counsel through the daily papers when the season of great heat approaches, that the people may avail themselves of all possible means of protection against so great a danger to life and health, for prophylactic measures are no less imperative here than in the case of threatened epidemics of zymotic diseases.

It is principally the dwelling, the breathing air (*air à respirer*), the food, the clothing, and means of cleanliness to which prophylactic measures and regulations should be directed. Casual refuges for those whose work compels them to run the risk of sunstroke ought to be prepared beforehand. Doubtless it would be convenient to build in certain convenient public places, at the commencement of the heated term, sheds for this purpose. The roofs and walls of these sheds should be made of double sheets of plated copper or iron. The metallic sheets should be separated, spaces for air being maintained between them throughout their length. Over the plates cold water should be made to flow (*ou ferait découler*) by some appropriate device in order to cool the roofs of the sheds.

It is well known that the elimination of the superfluous heat from the human organism is made in the proportion of 0.71° to 1° C. (total) by radiation and conduction. The object of the cold walls of the sheds is to provide those who may be threatened with sunstroke with large surfaces against which they can more easily radiate their excessive heat.

In cases of excessive dryness of the air it would be very proper to sprinkle cold water upon the inner surfaces of the sheds. Still a problem of high importance is the ventilation of these resorts, as we well know the quantity of excrementitious gases eliminated by the lungs—to wit, carbonic acid gas and the offensive organic gases which arise from the decomposition of albuminous material—is considerably augmented in the great heats.

For this reason it is of the greatest necessity to remove the vitiated air from the sheds as soon as possible, and to introduce pure and cool air, with a velocity of 0.8 meters a second, while the confined air goes out with a little less velocity, so that the air in the building does not become rarefied, but rather the reverse. The evacuation of the vitiated air is best effected by revolving fans whose rotations may be kept up by electrical apparatus with storage batteries. For the introduction of cold air refrigerating machines, according to the system of Windhausen, are certainly worthy of serious consideration, since such a machine, of the most simple construction and costing 1,125 *mille francs*, can with ease produce at least from three hundred to four hundred kilograms of ice per hour, the cooling action of which, valued in money, is equivalent to sixty-four centimes for one hundred kilograms of ice. The expense of furnishing cold water to drink and to cool the walls of the sheds, and also the cold air, is thus reduced to a minimum. The machines in question, constructed for the simultaneous production of ice, of cold water, and air, are so arranged that the cold air which goes away from the ice-making apparatus, and which had originally a temperature of -40° to -70° C., according to the measure in which it has been drawn, attains a temperature of from 0° to -10° C., which can be used very advantageously for the direct cooling of water.

The apparatus for cooling this consists of a high wooden or iron cistern, into which the water to be cooled enters continually from the top, and flows in the form of a cascade over horizontal tiles which are arranged in the cistern. The cold air, on the contrary, passes rapidly from the bottom of the cistern to the top, and so cools to nearly 0° C. the water which flows in waves against the air. The water thus made cold and massed in a reservoir is to be used for drinking-water, to cool the walls of the sheds, etc. The remainder of the cold air,

which can be employed for cooling and renewing the air of the sheds, can be introduced if it is necessary, mixed with the external air, directly into the sheds.

It should be borne in mind that little children support very badly degrees of temperature below 18° C. This is why it is necessary that the officers of the public health service fill also the places of physicians in the sheds.

Since the greatest quantity of heat produced in the human organism is due to a process of oxidation, for which the most important materials are the fats and hydrocarbons, and, since the decomposition of the circulating albuminous matters is greatly increased in hot weather, and yet more by the immoderate use of drinking-water, it is evident that the diet plays an important part in the prevention of sunstroke. For this reason also it is necessary, in the first place, that all fatty substances be banished from the diet; in the second place, that the three hundred and twenty grams of carbon, requisite under ordinary circumstances, be reduced as much as possible, for example, to 200–250 grams, so that the least possible quantity of heat may be produced, and that the albuminous food be augmented from 20.2 to 25 grams, so that the nitrogen of the food may be to the carbon as 1 to 10.* Under these circumstances vegetables are much to be preferred to albuminous or animal foods, as containing in their chemical composition more nitrogen and less carbon than the latter. Some proper and varied menu, arranged in conformity with the principles which I have just mentioned, should be published in the daily papers. Here is a bill of fare for one day :

ARTICLES.	Grams.	Albuminous matter.	Fatty matters.	Hydrocarbons.
Boned Fish	400	59.60	0.80
Carrots	200	2.00	0.40	18.6
Whey, boiled clear	1,000	16.00	4.00	100.0
Lean Veal	300	59.70	2.40
Cabbage, Lettuce	100	1.41	0.31	2.2
Wheat Bread	200	17.80	2.00	115.4
Total	2,200	156.51	9.91	236.2

156.51 grams of albuminous matter contain 83.35 grams carbon. 196.60
 10.71 grams of fatty matter contain 8.45 grams carbon. of
 236.2 grams of carbo-hydrates contain 104.8 grams carbon. carbon.

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For the other days of the week there may be suggested, hares, partridges, goat meat,

*156.51 grams of albuminous matter contain 24.68 grams nitrogen

fresh, dry, or salt cod-fish, perch, white of egg, blood-pudding, cakes of flour, the lean fishes, for example, the ling, macaroni, rice, spinach, cauliflower, white cabbage, red beets, radishes, turnips, French beans, apples, pears, grapes, cherries, currants, etc.

For children under a year of age, and not at the breast, the exclusive use of whey as a diet is to be recommended.

It is needless to say that it is the duty of the sanitary authorities to furnish an abundant supply of cold drinking-water, great basins of water cooled to $+8^{\circ}$ C. for shower baths, and at $+18^{\circ}$ C. for bathing, and above all to furnish tepid baths for those whose skins become dry and harsh in consequence of defective perspiration. All of these should be furnished at public expense.

All fatiguing work is to be avoided so far as possible. Heavy work during the great heats should be done, and all violent exercise taken, during the early morning hours only (2 and 4 o'clock, A.M.), when the temperature of the body shows by general rule a minimum of 36.5° C.; as for clothing, a garment of wool, light and thin, and worn next to the skin will be found most conducive to comfort.

Perhaps it is superfluous to remark that the measures above suggested can be modified according to circumstances. The means of ventilation and refrigeration above mentioned may be easily applied in public edifices, to wit, counting-houses, churches, school-rooms, restaurants, etc.

Concerning the influence of the luxuries of life, tea and weak black coffee may be said to exercise a salutary influence. But it is necessary in most cases to prohibit the use of fermented and alcoholic beverages, tobacco, venereal abuses, and every thing that savors of debauchery. A good Bordeaux wine may be advantageously used.

STOCKHOLM, SWEDEN.

CITY WELLS.—The story is essentially the same as may be told of any compactly-built city, especially of the older parts, where the same houses have been occupied for hundreds of years. Of a hundred and fifty wells examined, less than ten per cent furnished water really good enough to use, and only two or three water which was above all suspicion.—*Science (Sanitary Number)*.

Miscellany.

INTERNATIONAL MEDICAL CONGRESS — The Philadelphia Medical News of August 8th gives the following significant items of news relative to the Congress controversy. The destructive work of the American Medical Association, and the reconstructive work of its new committee do not appear to be gaining favor with the profession at large:

MORE WITHDRAWALS FROM THE CONGRESS.—We are requested to announce the following declinations of office under the new committee: Drs. Hunter McGuire and S. P. Moore, of Richmond, Va., as Vice-Presidents of the Section of Military and Naval Surgery and Medicine, and Dr. James B. McCaw, of Richmond, Va., as Vice-President of the Section of Medicine; Dr. Le Grand N. Denslow, of St. Paul, as member of the Council of the Section of Dermatology and Syphilis.

We are informed that Dr. John L. Atlee, of Lancaster has declined his appointment as Vice-President of the Congress, and that Dr. Joseph R. Smith, U. S. A., has declined to serve on the Council of the Section of Public and International Hygiene; Dr. E. S. Dunster, of Ann Arbor, on the Council of the Section of Obstetrics and Gynecology; and Dr. Henry Sewall, of Ann Arbor, on the Council of the Section of Physiology.

THE DALLAS COUNTY (TEXAS) MEDICAL SOCIETY AND THE INTERNATIONAL MEDICAL CONGRESS. The following preamble and resolutions were adopted by the Dallas County (Texas) Medical Society, in special session convened, July 25, 1885. The president, S. D. Thurston, M.D., in the chair.

Whereas, The American Medical Association, at its meeting in Washington City in May, 1884, recognized a general desire of the medical profession of the United States by adopting a resolution under which a committee was appointed whose duty it should be to extend an invitation to the International Medical Congress, shortly to assemble at Copenhagen, to hold its next meeting in 1887 at Washington City, D. C., and

Whereas, The said committee, by the letter and spirit of this resolution, was fully empowered to act, not only as a Committee of Invitation, but as an Executive Committee as well, and

Whereas, The said committee in pursuance of the objects of the above-mentioned resolution, and duly exercising the unlimited authority delegated to it, enlarged its membership and otherwise provided for the successful holding of an International Medical Congress at Washington City in 1887, all of which arrangements were considered by us as judicious, and, contrary to what has been charged by some, wholly disinterested as to personal or local aggrandizement, and

Whereas, The American Medical Association, at its last meeting at New Orleans, did, in our judgment, unwisely and untimely, virtually rescind its former action, which reactionary movement has deranged, if not indefinitely suspended the work of the original committee which was satisfactorily progressing, and created an indifference

to the Congress among recognized leaders of medical thought and interest throughout the country, and

Whereas, There are those who persist in urging the so-called justice of their claims for the organization of the International Medical Congress on a territorial basis, which unfortunate idea has been unwisely further extended by some members of the profession in Texas in a manner calculated to arouse a sectional prejudice, which has little if any existence in our State; therefore, be it

Resolved, That the Dallas County Medical Society deplores what must be considered the present interregnum in the affairs of the contemplated International Medical Congress, brought about, as we believe, by an ill-considered and hasty action at the New Orleans meeting before mentioned; that this Society was fully satisfied with the work of the original committee, which was composed of able, eminent, and conscientious members of the profession; that this Society repudiates any attempt to inject a sectional feeling into a purely professional matter which has reference to scientific investigations only, and that said attempt, if offered in behalf of the medical profession of Texas, is, in the opinion of this Society, both unauthorized and gratuitous; and that, looking beyond a narrow-minded policy of personal aggrandizement and sectional interest, we heartily commend the recent action of Philadelphia and Baltimore brethren, as well as those elsewhere, who have retired from the Congress until a more dignified and unselfish view of the arrangements can be had; and we pledge them our hearty support and good will in their efforts to advance the interest of the American medical profession in future meetings of International Medical Congresses, where the truly representative medical abilities of our country shall be enlisted uncontrolled by geographical lines or personal preferences.

"THE ACTION OF THE AMERICAN MEDICAL ASSOCIATION INDORSED."—We have before us a circular with the above heading, which, we are informed, has been widely circulated throughout this State. It is signed by Drs. Wm. H. Pancoast, Wm. B. Atkinson, and P. D. Keyser, and is as follows:

"The action of the American Medical Association, at its meeting in New Orleans in April and May, and in the subsequent action of its committee at Chicago, in insisting that only those in accord with the National Code of Ethics should become members of the Ninth International Medical Congress, to be held in Washington, D. C., in 1887, is most heartily indorsed; and we will personally do all in our power for the success of the Congress."

Appended to the circular is the request that, if it meet with approval, it be signed and returned to Dr. Pancoast's address.

THE SPECIAL MEETING OF THE COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION ON INTERNATIONAL MEDICAL CONGRESS.—We are informed that "The committee appointed in accordance with resolutions passed at New Orleans will meet in special session for the transaction of urgent business" at New York on September 3d.

WHAT THE FOREIGN MEDICAL PRESS SAY.—The extracts from the American medical journals,

which we print elsewhere, will be sufficient to show that the prevalent opinion in the States is, that the Washington Congress is not only in danger, but absolutely doomed to failure. The leaders of the profession, both in Boston and Baltimore, have followed the lead of the Philadelphians, and withdrawn from the Congress, and it is not unlikely that their example may spread to other cities, though, indeed, enough has already been done to turn the meeting of 1887 into what an American contemporary, drawing its illustration from our common history, appositely terms a "rump" Congress. The only hope is that the American Medical Association will be startled back to its senses by the strong and decisive action of the profession in Philadelphia, Boston, and Baltimore, and will make haste to retrace its steps. It may be taken for granted that not even the leaders of the malecontents, and certainly not the members of the Association at large, realized that the results of their action would be destruction to the Congress of 1887, and danger to its successors. Such an event was probably far from their calculations. They simply reckoned without their host, that is, their leaders, and if they are wise they will cast another reckoning, this time with due regard to the said host.—*London Medical Times*.

THE most recent advices from the United States have brought the startling intelligence that there exists in the American medical profession a very serious discord concerning the next International Medical Congress. We do not propose to discuss the etiology of this rupture, for it is quite enough to be called upon to face the fact as it exists. The fact is very grave. Its existence jeopardizes, if it has not already destroyed the probable success of the forthcoming Congress. Certainly our brethren in the States can not expect those who have already promised to attend and those who may expect to visit America at that time, to work with enthusiasm in the preparation of any scientific contribution while those whom they propose to visit are divided, and while wholesale secessions of the official executive and of well-known persons nominated to high offices are announced. Nor do we consider it to be either our duty or privilege to suggest a remedy for this exceedingly unpleasant dilemma. It seems to be conclusive that the profession in America at this moment is hopelessly divided on the subject. Already a large proportion of the influential and active scientific men of Philadelphia, such as Bartholow, Weir Mitchell, Da Costa, H. C. Wood, Pepper, Leidy, Stillé, Parvin, and Goodell, and Vandell, of Louisville, have publicly withdrawn from the organization of the Congress. A like number of distinguished men in New York, such as Loomis, Roosa, Jacobi, Mundé, Agnew, and Emmet, have also either resigned or been dropped, and therefore will not co-operate with the present organization. The outlook as the matter now stands is not at all encouraging. One committee has reorganized the work of another up to the point near that of destruction. Moreover, the work of the present committee must be submitted to the American Medical Association in May, 1886; and no one can say to what extent it may also be either overturned or modified in such a way as to impede seriously the labor necessary to be performed before the meeting of the Congress in 1887. Altogether, the

position is lamentable, and there is much fear that the acceptance of the invitation to meet in the States may be withdrawn, and the next meeting of the International Medical Congress be held in Berlin or some other great medical center, pending the settlement of the serious dissensions among our brethren of the United States.—*British Medical Journal*.

THE success of the next International Medical Congress is being seriously jeopardized by the continuance of disagreements among the different sections of the profession in America. The Preliminary Arrangements Committee recently met in Chicago, and after making sundry alterations in the constitution of the Congress, including omission of the sections on Dental and Oral Surgery, Nervous Diseases, Obstetrics, etc., and having appointed chairmen of sections, it adjourned until May, 1886. A week later those members of the Congress who reside in Philadelphia met together, and decided that the changes made in the preliminary organization and rules for the Congress had necessitated a meeting of the Philadelphia contingents, who there and then resolved that, in view of the injury likely to result from these changes, both to the American profession and to the Congress, their duty laid upon them the necessity of declining to hold any office whatsoever "in connection with the said Congress as now proposed to be organized." The importance of this incident may be gathered from the fact that the list of names attached to the resolution in question includes many who had already been appointed chairmen of sections by the Chicago committee, and among others the following: Drs. David W. Vandell, Weir Mitchell, Samuel W. Gross, Da Costa, Hayes Agnew, Roberts Bartholow, Duhring, W. Goodell, Minis Hayes, Joseph Leidy, W. Osler, Alfred Stillé, H. C. Wood, etc. The position and reputation of the well-known gentlemen included in this list are a sufficient proof of the importance of the split which has thus unfortunately arisen; and since, should the arrangements for the meeting be continued under the existing strained circumstances, nothing but disaster can ensue, it becomes an immediate question whether steps should not be taken for selecting another place than America as the scene of the next International Congress.—*London Medical Press*.

CHICAGO SEWERS AND DEATH-RATE.—

As the cholera epidemic of 1849-50 led directly to the introduction of lake-water, and the foundation of what is in some respects now the most magnificent system of water-supply in the world, so the repeated epidemics of cholera and dysentery led to the adoption, in 1856, of a system of sewerage which, within twenty-four years thereafter, had furnished more linear feet of sewers *per capita* of population than any other of the large cities of the Union. For fourteen years (1843-56 inclusive) the average annual death-rate of the city had been 37.91 per thousand, probably the highest of any city in the United States; during the first fifteen years of sewer-construction (1856-70)

the average annual death-rate was reduced to 23.97 per per thousand; while from 1871 to 1884, inclusive, the average has still further fallen to 21.40 per thousand. And although there have been marked fluctuations from year to year—rising to 32.22 in 1866, and falling 16.49 in 1878—on the whole there is a striking correlation between the annual death-rate and the number of feet of sewers *per capita* year by year, independent of all other influences.—*Science (Sanitary Number)*.

HEALTH IN MICHIGAN, JULY, 1885.—Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of July (five weeks ending August 1), 1885, were as follows: Number of weekly reports received, 358.

Intermittent fever.....	65
Diarrhea.....	62
Rheumatism.....	59
Neuralgia.....	58
Consumption of lungs.....	48
Bronchitis.....	41
Cholera morbus.....	39
Tonsilitis.....	36
Remittent fever.....	30
Erysipelas.....	21
Cholera infantum.....	20
Influenza.....	18
Inflammation of kidney.....	17
Inflammation of bowels.....	16
Dysentery.....	15
Whooping-cough.....	14
Diphtheria.....	11
Scarlatina.....	11
Typho-malarial fever.....	10
Pneumonia.....	10
Cerebro-spinal meningitis.....	8
Measles.....	8
Puerperal fever.....	6
Inflammation of brain.....	6
Typhoid fever (enteric).....	6
Membranous croup.....	1
Smallpox.....	0

For the month of July, 1885, compared with the preceding month, the reports indicate that diarrhea, cholera morbus, and cholera infantum increased, and rheumatism, influenza, tonsilitis, pneumonia, and bronchitis decreased in prevalence.

Compared with the average for the month of July in the seven years, 1879-1885, remittent fever, intermittent fever, dysentery, consumption of lungs, cholera infantum, diarrhea, cholera morbus, measles, and whooping-cough were less prevalent in July, 1885.

For the month of July, 1885, compared with the average of corresponding months for the seven years 1879-1885, the temper-

ature was slightly higher, the absolute and the relative humidity were more, and the day and night ozone were less.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of July, 1885, at sixty places; scarlet fever at thirty-four places; measles at fifteen places.

LAPAROTOMY WITH SUTURE OF THE INTESTINES.—The Washington correspondent of the New York Medical Journal says that Dr. John B. Hamilton recently performed laparotomy and sutured the intestines in a young mulatto. The wound was inflicted by a pistol carrying a thirty-two-caliber ball. The missile severed a small artery in the mesentery, and made eleven wounds in the small intestines and two in the ascending colon. The operation was performed three hours after the accident. The artery was tied and the wound stitched with Lembert's sutures. Feces passed by the natural channel on the seventh day, and on the twentieth day patient sat up, the abdominal wound having healed. The ball passed with the feces on the twelfth day.

WELLS AND BACTERIA.—These results emphasize the importance of an intelligent survey of the condition of the soil in selecting a home, and of a legislation prohibiting the pollution of the soil.

In many towns and cities the privy-vaults and leaching cesspools of every house drain really into the sheet of ground-water. The soil arrests the coarse material, the grease and slime; but the swarming bacteria diffuse with ease, as much as the soluble chlorides and nitrates, and follow the flow wholly unobstructed. Into this same soil are sunk or driven the wells; and the water that is drawn for use is polluted in proportion to the number and proximity of the vaults and cesspools, on the one hand, and the thinness and sluggishness of the water-sheet on the other. In the worst wells in daily use the water is distinctly colored with sewage; but the most deadly water may carry only the germs of typhoid-fever or of dysentery, and be otherwise sparklingly clear, and so pure as to pass unchallenged through the most searching chemical analysis.—*Science (Sanitary Number)*.

PYRIDINE FOR ASTHMA.—Professor Germain See has recently laid before the Academy of Sciences some favorable results obtained in the employment of pyridine in the

treatment of asthma. The best method of administration has been found to be by inhalation, which yields better results than either subcutaneous injections or the smoking of cigarettes saturated with the base. (*Nouv. Rem.*, June, p. 121.) For this purpose four or five grams are poured on a plate placed in a closed room. The air in this confined space being breathed by the patient, the pyridine passes rapidly into the blood, and its presence can be very soon after demonstrated in the urine. The patients are said to quickly experience a marked diminution of oppression, and the symptoms generally rapidly improve.—*Med. Press.*

HEARING MADE BETTER BY NOISE.—At a recent meeting of the Practitioners Society, of New York (*Medical Record*), Dr. Samuel Sexton related the history of a patient whom he expected to show to the members, but the inclemency of the weather had prevented his presence. The case began as a destructive inflammation of both ears from scarlet fever, while the patient was but seven years of age. In his youth he was quite deaf, but hearing began to return as he grew up to manhood. Finally he went as fireman on a railroad locomotive, and advanced to the position of engineer. For many years he ran an engine without there being any complaints made, and without regarding himself as deaf. But when the custom was introduced of examining railroad employés regarding their ability to hear well, he was dismissed. Being thus thrown out of employment, and having nothing to do, he drifted into the Eye and Ear Infirmary. On examination Dr. Sexton found that he could not hear a loud voice at a distance of only a few feet, and was unable to understand any thing which was said to him. But he made the statement that when on an engine in motion he could hear every thing; could hear better than the fireman, whose hearing was normal. But the moment he got off the train and went to the company's office, he could hear nothing that was said to him.

The point of particular interest in the case was that which raised the question whether these people could be benefited by artificial drum-heads to such an extent as to enable them to continue their vocation. He introduced an artificial drum-head into one ear of this patient, and much to his surprise the man was immediately able to hear ordinary conversation. The next time he

returned to the dispensary, the man had obtained a place as stationary engineer. A drum-head was then placed in the other ear, and he was able to hear with that ear also.

Of course it is not in every case of deafness that an artificial drum-head would prove of benefit; indeed, the cases were few in which persons would be enabled by this means to continue their occupation, where it was necessary to hear well. It was only in cases in which the drum-head partially remained that such a device was of service.

CAUTION IN ANESTHESIA.—Dr. Buck, London, says that if the patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage through the pneumogastric nerves.—*London Lancet.*

A CORRESPONDENT writes that a woman, formerly a nurse, but now flourishing in the rôle of a "doctor," lately sent a written request for him to "bring a *cathedral* and draw her patient's water." He found a catheter to be large enough and more portable.—*Boston Medical and Surgical Journal.*

THE *Medical Record* says that the British Medical Association at its recent meeting decided to erect a building for printing and publishing the *Journal*, with offices, reading-rooms, etc., the total cost of which will probably be over \$150,000.

THE Third Annual Meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. The papers and the discussions will be devoted exclusively to the diseases of the nasal passages and their sequences.

PROFESSOR MERKLE, of Königsberg, has been called to the chair at Gottingen formerly held by Professor Henle.

ANTHRAX is reported to be prevailing extensively among cattle in the region of New Iberia, La.

A NEW hospital for the treatment of children who are the subjects of chronic disease was recently opened in St. Petersburg,

THE English physician, Dr. Stephen Paul Engleheart, lost his life in West Africa recently, through the capsizing of a boat.

The Louisville Medical News.

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LOIMOPHOBIA.

Recent advices from the cholera-cursed regions of Spain and France are matter for serious concern, if not alarm, to the dwellers of Europe and North America. On the 4th inst. over 4,000 new cases of cholera were reported in Spain; on the 8th the deaths numbered 1,816, and for the week ending with this date more than 11,000 persons had fallen victims to the scourge. On the 11th of July the total number of deaths in Spain from cholera alone was estimated at something over 10,000; one month later, August 10th, the death-roll is said to have numbered 46,678. On the 11th 3,510 new cases, with 1,343 deaths, were reported throughout Spain.

It is said that these figures fall short of the truth, since many cases die unseen by the physician or sanitary officer, and the anarchic state of many of the towns and villages forbids the framing of complete reports; but, on the other hand, it must not be forgotten that in times of pestilence and popular terror the reported figures of the doings of death are sometimes exaggerated.

If these figures be taken as approximately

true, with the sudden appearance of cholera at nearly the same time in Barcelona, Bilbao, San Sebastian, Santander, Huesca, Tolosa, and other places, it is evident that the disease is rapidly assuming the proportions of a great epidemic in fatality and in sweep, with the probability that it will extend its ravages into all unguarded regions which possess the conditions essential to its propagation.

As is well known, in spite of the attempt of the authorities to keep it a secret, the disease is well planted in France. It seems to have scaled the Pyrenees, and now appears upon their northern slopes. Cases are reported from Toulon and the Basses Alps, while Marseilles, which has been under the scourge for some weeks, is in filth and in panic with a death-rate of from twenty to forty a day. Whether the cholera of Southern France came by direct importation from Spain, or by development from the seeds of last year's planting, can not now be told. Either theory is held by different sanitarians. The indications are that France is in for another siege, and that her fair cities will be scourged, each in inverse ratio to the degree of its sanitary completeness.

Italy, it is said, is in great alarm in recollection of her terrible experience of last year, and the present proximity of the disease. Indeed, there are already rumored cases of cholera at Genoa.

John Bull, who it is said does not believe in quarantine, has been made to quake in his boots through the recent development of a case which his carelessness let into Bristol. The patient, a sailor from Marseilles, gave undoubted evidence of Asiatic cholera, and died in a few hours. It is said that but once in the century (1866) has the disease appeared in England so early in the season. The cities of the kingdom are making abundant preparations for dealing with the pestilence should it spread, and if not thwarted by the water-supplies, which in some places are vitiated in consequence of the recent drouth, will probably master the situation.

Our own land seems just now to be a silent and unconcerned observer of the situation. Many of our citizens, and not a few of our rulers, are off for a holiday, while no small percentage of those who are left at home are ignorant of or indifferent to sanitary matters.

It is said that our coast quarantine is efficient. May it be so, since it is almost certain that its strength of fiber and width of mesh, as a bar to the pestilence, will soon be put to the test. The Record views the situation in its issue of last week, and aptly points out the following as threatening sources of invasion. It says:

It will be well for our quarantine authorities to be on their guard against all vessels arriving from Spanish or French ports on the Mediterranean. They should also be well informed about the sanitary condition of Cuban cities. News from Havana shows that, while the inhabitants of that city well know that they are in danger, very little has been done to prevent the introduction of cholera at that port.

This is indeed well; but it will not do for our towns and cities to lean for protection upon coast quarantine; and since it is true beyond demonstration that cholera yields no obedience to land quarantine, it is to be hoped that a sufficient scare will be stirred up inland to cause a thorough cleaning up of house, street, alley, drain, gutter, and sewer, in every place, with measures which shall secure the water-supplies against all possible contamination. Let the fear of cholera be held up before the people's eyes, and mayhap they will consent to walk for a time in the way of sanitary righteousness; for however fatal cholera-phobia may be as a complication of the disease, its prophylactic influence can not be denied, provided it be early made to antedate the coming pestilence.

SNUBBED.—The French Academy recently refused to hear a paper by Ferran in justification of his practice of so-called cholera vaccination. It is said that this places him beyond the pale of scientific respectability. In short, they dub him quack and shoot him out.

Bibliography.

The Principles and Practice of Gynecology.

By THOMAS ADDIS EMMET, M. D., LL. D., Surgeon to the Woman's Hospital of the State of New York, etc. Third edition, thoroughly revised, with 150 illustrations. Large 8vo, pp. xxiv and 876. Philadelphia: Henry C. Lea's Son & Co. 1884. Cloth, \$5.00; leather, \$6.00; half russia, \$6.50. For sale by John P. Morton & Company.

Among the classics of Gynecological literature, the work of Dr. Emmet has been generally accorded the highest place. But this verdict, while doubtless very flattering to the author, seems to give him great concern lest his work should be left behind in the rapid putting forth of this branch of medicine.

The first edition appeared in 1879; a new one was called for in 1880, which gave him great labor in revision, and in less than four years thereafter a third was demanded, the preparation of which has cost the author an amount of labor almost equivalent to the writing of a new volume.

Truly the maker of a good book in medicine is a modern Sisyphus; but perhaps more fortunate than his ancient prototype, since his task is one of use, and the stone which he rolls up to the summit of the hill of science, though certain to come tumbling back again, stands in poise for a time and gives the demigod a chance to breathe and bait before he resumes his heavy task.

According to the author's memorandum, the new features of the present edition are the rewriting of the chapters on the Relation of Education and Social Condition to Development, on Cellulitis, on Diseases of the Ovary, on Ovariectomy and on Stone in the Bladder; while those on Prolapse of the Vaginal Walls, on Lacerations at the Vaginal Outlet and through the Sphincter Ani and Perineum, on the Methods of Partial and Complete Removal of the Uterus for Malignant Disease, on the Surgical Treatment of Fibrous Tumors, on Diseases of the Fallopian Tubes, and on Diseases of the Urethra, have received such a radical overhauling as to be essentially new.

More striking than all is the strong ground here taken by Dr. Emmet against intra-uterine medication.

Relative to this point the author calls attention to the mooted question as to whether the so-called mucous lining of the uterus is any thing but an "outgrowth from

the muscular tissue which is constantly renewed," and lays great stress upon the remarkable and close relationship existing between the surface of the uterine canal and the peritoneum. "It is," he says, "irrational to make a caustic application to a surface which can not long exist in a state of disease independent of the tissues beneath, and we can not hope to arrest a discharge until the whole surface has been seared over." After commenting upon the varying degrees of tolerance as presented by different uteri, or the same organ under different conditions, the author says further, "As long as we continue to treat the recognized pathological changes in the uterus as the primary condition, it will seem proper to apply agents directly, or as nearly as possible, to the parts involved. If, however, we appreciate the fact that some inflammatory change in the pelvic tissues, outside of the uterus, is existing, or has existed, in almost every instance of so-called uterine disease in the non-puerperal state, we shall not attempt to treat the effect by agents introduced into the cavity of the uterus without being prepared for recurrent attacks of cellulitis *excited by our mode of practice, and not due to some accidental cause.*"

Since 1879, except for the stoppage of hemorrhage directly due to the condition of the uterine mucous membrane, the author has not in his private hospital made an application above the internal os; before that time he had abandoned the procedure in office practice; and since, under his influence, it has been discontinued in the Woman's Hospital.

In this departure from a popular method of treatment the author is not alone; but it is to be hoped that the influence of his great name, backed by results drawn from perhaps the largest experience of any living gynecologist, will do much to save the uterus from one form of useless and dangerous tinkering and hasten the fulfillment of his prophecy that the time is near when intra-uterine medication will be held by the profession to be a procedure not based upon sound views of pathology.

Transactions of the American Surgical Association. Volume the Second. Edited by J. EWING MEARS, M. D., Recorder of the Association. 8vo, pp. lx and 531. Cloth. Philadelphia: Printed for the Association, and for sale by P. Blakiston, Son & Co. 1885.

This volume of Transactions, which contains the papers read before the Association

at its meeting in the spring of 1884, is elegant in appearance, and in contents worthy of its eminent contributors. While this sentence is a generalization which might, with alteration of dates, be aptly applied to any volume of the American Surgical Association's Transactions, it is easy to show that the book before us presents at least two special attractions for the American physician and surgeon, since it is adorned by an elegant autotype of the late Samuel D. Gross, and contains the full text of his last contribution to science.

The volume is composed of a list of its members, officers, the usual brief account of business proceedings, and twenty-five articles with the discussion called forth by each. Each essay is from the hand of a writer well known to the readers of current medical literature. The greater number of these articles have already appeared in the medical journals, in full or in abstract, while some of them, being scattered in the form of brochure, have been made to do service at the hands of the reviewer.

These facts, so far from lessening the value of the volume to the general reader, are in his favor, since no one could have read any one of these fresh, original, and sometimes brilliant testimonials to the progress of modern surgery without the desire to have them all in permanent form.

The contributors to the volume are S. D. Gross, B. A. Watson, David W. Cheever, P. S. Connor, Christian Fenger, E. W. Lee, Charles B. Nancrede, W. T. Briggs, William A. Byrd, David Prince, C. H. Mastin, W. S. Tremaine, John S. Coleman, J. W. Thompson, James McCann, L. McLane Tiffany, N. Senn, S. W. Gross, G. W. Gray, Moses Gunn, John H. Brinton, Basil Norris, J. Ewing Mears, T. F. Prewitt, E. H. Gregory, John B. Roberts, Donald Maclean.

Lectures on Diseases of the Nervous System, Especially in Women. By S. WEIR MITCHELL, M. D., Member of the National Academy of Sciences; Physician to the Orthopedic Hospital and Infirmary for Diseases of the Nervous System, etc. Second edition, revised and enlarged, with five plates. 12mo, pp. 287. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

The first edition of this work, which was issued in 1881, was received with great favor because of the strikingly original character of its contents. No physician has had better opportunities for the study of obscure nervous affections than Dr. Mitchell,

and his many readers will verify the statement that no observer has made better use of his facilities.

Comment upon the general character of the work is not necessary, but a comparison of the new edition with the old will develop some points of interest.

The first five lectures remain unchanged in title; but give evidence of careful revision, with judicious extension of the original text. The sixth lecture is devoted to tremor alone, chronic spasms, its former companion topic, being treated in the seventh lecture. The author adds to hysterical tremor the consideration of such forms of the affection as are due to organic disease of the spine and the abuse of alcohol. In the eighth, ninth, tenth, eleventh, twelfth, fifteenth, and eighteenth lectures are discussed topics familiar to the readers of the first edition. The thirteenth lecture, Hysterical Joints; the fourteenth, Hysteria and Organic Disease of the Spine; and the sixteenth, the Rectum and Defecation in Hysteria, are new and essential additions to the work. In these, as in the older essays, the author illustrates his subject through the analysis of typical cases which demonstrate the efficacy of his admirable methods of diagnosis and treatment.

The work, though written by a specialist, addresses itself particularly to the needs of the general practitioner, since it deals with a class of affections which are ever under his care.

Speech of Honorable Clifton P. Breckinridge, of Arkansas, in the House of Representatives, Tuesday, February 3, 1885.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, July 7, 1885.

Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting, July 2, and 3, 1885.

A Memoir of Charles Hilton Fagge, M.D., late Physician at Guy's Hospital, Examiner in Medicine in the University of London, etc. Printed for American distribution by P. Blakiston Son & Co., Medical Publishers, Philadelphia.

A Treatise on Asiatic Cholera. Edited and prepared by Edmund Charles Wendt, M.D., Curator and Pathologist of the St. Francis Hospital, Curator and Pathologist of the New York Infant Asylum, etc., in associa-

tion with Drs. John C. Peters, of New York; Ely McClellan, U. S. A.; John B. Hamilton, Surgeon-General, United States Marine Hospital Service; and George M. Sternberg, U. S. A. Illustrated with maps and engravings. 8vo, pp. xiii and 403. Wood's Library of Standard Medical Authors, No. 5. New York: William Wood & Co. 1885.

Poisons: their Effects and Detection. A manual for the use of analytical chemists and experts with an introductory essay on the growth of modern toxicology. By Alexander Wynter Blyth, M. R. C. S., F. C. S., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marylebone. With tables and illustrations. Vol. 1. 8vo, pp. xxxiii and 333. Wood's Library of Standard Medical Authors, No. 6. New York: William Wood & Co. 1885.

New Remedies.

Conducted by Simon Flexner, Ph. G.

ASEPTOL.—The use of aseptol as a valuable antiseptic, anti-putrid and anti-fermentescient, has again been urged before the French Academy of Sciences. It is stated to be a reliable and efficient antiseptic, more positive than carbolic acid, and, unlike it, devoid of toxic properties. Internally it may be administered in quite large doses without any unpleasant consequences whatever.

DUNDAKIN.—According to Häckel (*Dtsch. Med. Ztg.*), this new drug, called also doundakine is obtained from the bark of *Sarcocephalus esculenta*, a native of Senegambia. It is a bitter resinoid body, soluble in water (?) and in alcohol, having astringent and antipyretic properties, and has been suggested as a substitute for quinine. *New York Medical Journal.*

ALVELOZ.—This is the name of a plant which has been sent by the American consul at Pernambuco to the State Department, with the statement that it belongs to the Euphorbiaceæ, and that several cases of alleged cancer had been cured by its application. Unlike condurango, which was an alleged internal remedy for cancer, alveloz is an external application. Its mode of operation is similar to that of jequirity. A profuse suppuration follows its application to a granular surface. The drug was used in Washington by Dr. Smith Townshend, in

a case of lupus of the nose which was of nearly forty years standing and had resisted all previous treatment. The ulcer was cured within a few days.—*N. York Medical Jour.*

COCAINE.—Dr. Squibb, in his *Ephemeris* for July, gives some very interesting figures bearing on the yield and price of this article. From what he says, it would seem that there are very good reasons for concluding that the supply of coca leaves of good quality in the future will be plentiful, and therefore procurable at reasonable figures. On the basis of a cost of fifty cents per pound for leaves yielding from 26.6 to 38.5 grains of cocaine per pound (equivalent to 30 to 43.36 grains hydrochlorate), he shows that the hydrochlorate can be produced at a cost not exceeding six cents per grain. Leaves yielding the above high percentages are to be had in almost any quantity, and it is, therefore, not probable that a rise in the price of the alkaloid will soon occur. On the other hand, until some cheaper solvents than alcohol or ether have been found suitable, it is almost sure that the market wholesale price of the hydrochlorate will not fall below the present figure, ten cents per grain.

Selections.

ON THE USE OF CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Mathew Hay, in the *London Lancet*, proposed a novel method for the treatment of certain cases of dropsy, based on the administration of concentrated solutions of saline cathartics.

He there cites a case of cardiac dropsy where the patient seemed to be in the last extremity from suffering and prostration, dyspnea, ascites, and general anasarca. "An abundance of soft râles all over the chest indicated a pronounced edema of the lungs. He had taken every variety of renal and cardiac stimulants, and had been purged repeatedly." Dr. Hay ordered that he should have as little as possible of food and liquids during the night, in order to free the alimentary canal from digestive juices and other fluids and permit the full action of the salt. The next morning three ounces of sulphate of magnesia were administered dissolved in two tablespoonfuls of hot water, no water to be given afterward.

The result was most gratifying. In less than an hour after the purgative had been

given, its cathartic effect was manifested and there were repeated evacuations in the next few hours; on each occasion the water seemed to "gush" from him, and he passed unusually large quantities of urine. There evidently had not been merely a removal of so much fluid from the blood and tissues as was necessary for the usual dilution of the salt within the intestines, but the sharp, sudden withdrawal of fluid from the tissues by the concentrated blood had initiated a movement of the fluid into the latter, which had continued for some hours after the direct action of the salt and the blood had ceased, and until the tissues were in great part rid of their superfluous liquid. The improvement was, in fact, most marked, and continued under an occasional repetition of the concentrated saline solution. The conditions of the treatment, then, are previous abstinence from food and drinks and the administration of the salt (which should preferably be Epsom, on account of its great solubility) in a large dose in the smallest possible quantity of water.

Dr. W. G. Eggleston has reported, in the *Journal of the American Medical Association*, the details of a case occurring in his own practice where the method of Dr. Hay was carried out with equally good results. The patient was suffering from a large pleuritic effusion, with prostration and gradually increasing dyspnea. Tapping was indicated and advised, but declined by the patient. He was then ordered to abstain from water and liquid food and to take, the next morning, sulphate of magnesia, three ounces in less than a one half tumblerful of water. The salt operated in less than an hour, and during the day there were eight large watery evacuations. As the patient expressed it, the water literally poured from him. There was a marked decrease in the effusion. Another dose of the salt, three ounces, was ordered to be taken the next morning, and when seen the day following the fluid was still further diminished; this effect was now followed up by twenty drops of fluid extract of jaborandi, which produced copious perspiration. In three days more the fluid had almost entirely disappeared from the chest, the lung had resumed its functions, and there was no dyspnea. When last seen, several months after, there had been no return of the fluid. This new method of giving saline cathartics in dropsies merits further trials by the profession.—*Boston Medical and Surgical Journal.*

CASE OF PARALYSIS DEPENDING UPON IDEA.—John Riley, aged sixteen, was sent to me March 25th last, complaining of complete paralysis of the left leg, from which he had suffered for two years.

The patient is a bright, intelligent boy, and according to his mother is emotional, good tempered, and unselfish, well-behaved. The mother tells me that all the family are "nervous," but I can obtain no history of organic disease. The boy was most particular in relating his case to me, and evidently took notice of the slightest ache or twitch. He attributed the paralysis to an accident two and a half years ago, when he was hit on the inner side of the left ankle by a cricket ball. The joint did not swell, and he was able to walk about after the injury. Two or three weeks after this he knocked his left knee against a chair very slightly; he had pains in the left calf immediately after this injury, and tucking of the left leg, which he says was straightened by a medical man under ether, but which returned with the return of consciousness. He was able to walk about after this second injury, but when the tucking of the leg came on, took to his bed, and one night he found that he had lost all use in the leg; the leg becoming completely flaccid, while previously it was stiff and tucked. He never lost control over the urine or feces. There was no loss of feeling in the leg, but some pain. The paralysis has continued unchanged up to the present time. He used to see objects green, and at times double. He had never had any previous illness, but was always a nervous and apprehensive boy. Had never had fits or suffered from headache. On examination, the left lower extremity was found to be completely paralyzed and flaccid, he could not even move the toes, and there was absolutely no movement at any joint in the limb. The left foot was a little bluish, but only very slightly colder than the right, the rest of the leg was just as warm as the right. The limb was evidently wasted, but there was no local atrophy.

The circumference of the right leg two inches below the tubercle of the tibia was thirteen inches, of the left, eleven and a half. The circumference of center of calf on right side, twelve inches; left, eleven and a quarter inches. Circumference of thigh six inches above patella on right side, fifteen and a half inches; left, thirteen and a half inches. The plantar reflexes were absent on both sides; there was no ankle

clonus; the knee jerk was rather excessive on both sides; there was no front tap contraction; the cremasteric reflexes were well-marked; there was a general slight increase in the reflexes, except that the plantar were absent; sensation in the paralyzed limb was perfect; there were no traces of bed-sore or any trophic mischief; no spinal tenderness or deformity; no cerebral symptoms; no twitchings of the muscles of the face could be observed; he had acne on the face, and was evidently anemic, there being pallor of the mucous membranes, and soft systolic bruits at the base and apex of the heart, he never having had rheumatism; he suffered also from constipation.

On testing the nerves, motor joints, and muscles of the left limb with a powerful faradic current, the muscles responded well, only very slightly less than those of the sound side; great pain being caused by the current. With weaker currents contractions were obtained, only slightly less in intensity than those in the sound side.

After informing him that I should continue giving him the battery till he could move his toes and raise his heel from the ground sufficiently to enable me to pass my fingers under it, he quickly moved them and wriggled his foot till he got his heel on my fingers. Another fact observed greatly aided me in the diagnosis. I made him support himself entirely on his crutches, letting his legs hang freely; I then pushed the right leg backward away from the vertical position, making a considerable deflection backward; the left leg went back with the right, and did not remain hanging perpendicularly as it would have done, had it been paralyzed from organic disease.

It will be seen that there were absolutely no signs of organic disease except the wasting of the muscles; but this was slight and general, and easily explained by the long duration of the paralysis (over two years). I was forced then to conclude that the paralysis was functional. But the boy was not of the "hysterical type." He had no hysterical symptoms, and no variation in the paralysis had occurred; but was vivacious, good tempered, unselfish, anxious, and intelligent, always nervous and apprehensive. He was evidently of the "neurotic" class of individuals, the distinction between the two classes having been so well pointed out lately by Dr. Clifford Allbutt.

Dr. Russell Reynolds has described a form of paralysis depending upon imagination, where there is no malingering, but

the patients are thoroughly convinced that they are suffering from paralysis. This, I believe, is the explanation of the above case. The absence of signs of organic disease, the temperament and mental state of the boy, show it to be a case of ideal paralysis.

Slight paralysis and atrophy of extensor muscles occur in chronic joint diseases, due to changes set up in the cord by the local irritation. In these cases the extensor muscles chiefly suffer, and complete paralysis is rare. Charcot reports a case of a young man who had received an injury to his knee, which was followed by marked paralysis of the extensors of the leg on the thigh. These cases form one variety of reflex paralysis. Is this monoplegia of the nature of a reflex paralysis, or is it ideal? The slowness of the injury, which was never followed by any evident joint mischief, the absence of any local atrophy, and the completeness of the paralysis show that it was not due to joint mischief.

After making the diagnosis of ideal paralysis, I informed the boy's mother that there was no organic disease, and that the paralysis would get better very soon. The boy was also told that the leg would get all right, and that he was to use it as much as possible. After one application of a powerful faradic current, he was able to flex the toes and move the ankle. He attended daily to be faradized, and in a week was ordered to leave off the use of crutches and to use a stick. In a few days the stick was also dispensed with. On April 10th (about a fortnight after I first saw him) he walked to the Queen's Hospital without any support, a distance of about two miles. At the present time he limps slightly with the left leg; this is due partly to the wasting, but chiefly to the disuse for the last two years, the various movements of the extremity having to be re-acquired. Ultimately the leg will completely recover.—*C. W. Suckling, M. D., in Birmingham Medical Review.*

INFECTIOUS DISEASES AMONG THE RICH AND POOR.—The second point studied was the relation existing between epidemic infectious diseases and the pecuniary status of the different grades of the community. Upon this point Koroski finds that poverty does not exercise a uniform influence upon the occurrence of these diseases; indeed, viewing them as a whole, the well-endowed, excepting the very richest, are more seriously afflicted than the poor.

Viewing the infectious diseases separately, Koroski finds that cholera, smallpox, measles, and typhus are more prevalent among the poor, while diphtheria, croup, whooping-cough, and scarlet fever are more prevalent among the rich. Consumption and pneumonia claim the poor, and brain-troubles attack the rich.

He found that the intensity of the infectious disease was notably increased in the crowded tenements. This increase amounted to 3.64 per cent for measles in houses inhabited by more than five persons per room. Whooping-cough is likewise greatly intensified by crowding. On the other hand, it does not appear that scarlet fever and diphtheria are similarly favored by the increased number of people in the house. These are rather surprising conclusions, and may find their explanation when we discover the manner in which these various diseases are transmitted from person to person.—*Science (Sanitary Number).*

IN 1876 the number of medical students matriculated in Paris was 1,924; in 1883-4 the number was 5,386.

THE bromide of camphor is highly spoken of in the treatment of chorea in children. It is best given in capsules.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from Aug. 2, 1885, to Aug 7, 1885:

Surgeon J. M. Brown, Assistant Surgeons Clarence Ewan, A. W. Taylor, ordered to rejoin their proper stations in Department Platte; Assistant Surgeons G. L. Edie and C. S. Black, ordered to rejoin their proper stations in Department Texas. (G. O. No. 7, Division Missouri, August 1, 1885.) Captain J. L. Powell, Assistant Surgeon, assigned to temporary duty at Fort Leavenworth, Kansas. (S. O. 110, Department Missouri, July 30, 1885.) First Lieutenant Wm. D. Dietz, Assistant Surgeon, ordered from Fort Selden to Fort Stanton, N. M. (S. O. 111, Department Missouri, July 31, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended August 1, 1885:

Fessenden, C. S. D., Surgeon, leave extended ten days on account of sickness. July 27, 1885. Godfrey, John, Surgeon, granted leave of absence for thirty days. July 29, 1885. Irwin, Fairfax, Passed Assistant Surgeon, to proceed to Richmond Va., and Wilmington, N. C., as inspector. July 28, 1885. Ames, R. P. M., Passed Assistant Surgeon, granted leave of absence for thirty days. July 27, 1885.